

Checklist for examining your claims process

- Update and verify patient insurance coverage and eligibility information prior to each patient visit to ensure accurate submission of eligible claims to the correct health insurer
- Prepare and submit accurate claims in a timely manner
- Assign appropriate practice staff member(s) to review health insurer payments for accuracy.
- Examine explanation of benefits (EOB's) and electronic remittance advice (ERA's) for delays, denials, and reductions
- Maintain copies of updated contracted fee schedules in order to verify accurate payment from health insurers—does your PMS allow you to store contracted fee schedules?
- Review monthly collection report and EOB's and ERA's for each claim
- Use easily accessible templates to standardize and streamline claim appeals process for common denials
- Maintain a claims follow up log to monitor practice's communications with insurers regarding claims
- Appeal your delayed, denied, or reduced payments until accurate payment is received
- Hold internal meetings with the team involved in the claims processing process to evaluate your workflow for ways to improve efficiency